



# SPECIALIZED FAMILY FOSTER CARE/ADOPTION ASSISTANCE LEVEL OF CARE EVALUATION FORM

ND DEPARTMENT OF HUMAN SERVICES

Foster Care/Adoption Services

SFN 1865 (02-2005)

**For Foster Care Purposes:** *This form is to be completed by the case manager when an Excess Maintenance Payment (EMP) is being considered. The level will be reviewed at every child and family team meeting.*

**For Adoption Assistance (AA) Purposes:** *This form is to be completed prior to adoption assistance negotiation for all children for whom an adoption assistance amount is being requested that is larger than the regular family foster care maintenance rate, and is to be included in the subsidy packet sent to the county/state. If this form has been completed previously for foster care purposes, the most recent level of care evaluation form completed is to be included with the adoption assistance packet. This form is to be completed by child's foster care case manager and/or adoption worker, with the assistance of the child and family team. This form is to be forwarded with the adoption assistance application to the county administering the subsidy, for the purposes of payment negotiations.*

**One form is required for each child.**

|   |  |
|---|--|
| Name of Youth:  |  |
| Family (Foster/ Adopt) Name:                            |  |
| Family Address:   |  |
| Worker (Case Manager/ Adoption Worker) Completing Form: |  |
| Date of Review:   | County of Financial Responsibility/ AA County: |

## Scoring:

| N/A | Low |   |   | Medium |   |   | High |   |   | Extreme |
|-----|-----|---|---|--------|---|---|------|---|---|---------|
| 0   | 1   | 2 | 3 | 4      | 5 | 6 | 7    | 8 | 9 | 10      |

**Instructions:** *Score "0" if the condition does not exist. Score 1-10 depending on severity of child's behavior/need. Consideration is to be given to the child's age and development when addressing a specific rating.*

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|  | 1. The youth has had more than one placement that was disrupted because of child/ parent conflict/ child behavior, or it was difficult to find a placement due to the needs of the child. Specify the reasons for disrupted placement: |
|  | 2. The youth requires an unusual amount of or continued supervision because of a medical condition. Identify medical condition/ specify supervision needs:   |
|  | 3. Youth requires additional supervision around peers due to behavioral and/ or mental health problems, including sexually reactive behaviors. Specify the degree to which the youth must be supervised:                               |
|  | 4. Youth requires an unusual amount of supervision because of self-destructive behaviors, and/or suicidal thoughts. Specify the degree to which the youth must be supervised:  |

|  |   |
|--|---|
|  | 5. Youth requires an unusual amount of supervision because of dangerous behaviors (i.e. sexual perpetration, assaultive behaviors). Identify behaviors/ specify the degree to which the youth must be supervised: |
|  | 6. The youth has a diagnosis of an emotional disturbance (RAD, ADHD, Mood Disturbance, Conduct D/O) or other disorder that results in a behavioral disturbance (FASD). Specify diagnosis:                         |
|  | 7. The youth requires an unusual amount of time for feeding and/or unusual special dietary needs. Note dietary needs, if applicable:  |
|  | 8. The youth requires an unusual amount of time for dressing or for getting ready in the morning for school, and/or the amount of laundry is excessive.   |
|  | 9. Youth has enuresis/ encopresis. Specify the degree to which this is a problem:   |
|  | 10. Youth requires the repeated teaching of self-help skills (due to their special needs, environmental deprivation, rehabilitation because of medical condition, independent living skills).                     |
|  | 11. Youth has a history of D/A abuse or has recently been using substances.   |
|  | 12. The youth was exposed to substances pre or post natally that have a current impact on behavior or functioning. Specify how this effects behavior/functioning:   |
|  | 13. Youth has a history of running away or threatens to run away.   |
|  | 14. Youth currently exhibits negative behaviors such as stealing, lying, swearing. Please specify the behaviors:  |
|  | 15. Youth requires unusual amount of cleaning and washing due to behaviors or medical needs.  |
|  | 16. Youth requires an unusual amount of lifting due to a medical condition or disability.   |
|  | 17. Youth requires an unusual amount of time due to transporting (ex. school activities, medical treatment/ appointments, visitations, extracurricular activities, etc.)  |
|  | 18. Parents require special training or experience in handling the youth's medical needs and/or mental health needs.  |
|  | 19. Parents require special training or experience in handling the child's behavioral and/or emotional needs.   |

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|  | 20. The handling of the behaviors and/or special needs of the youth are stressful on the parents and family. Specify:  |
|  | 21. There is an unusual amount of stress on the parents and family due to contacts with the youth's biological family. Specify:  |
|  | 22. Parents provide foster care for a sibling group, or multiple children with special needs (level to be determined by number of children and the degree of need in the categories mentioned above). Applies to foster care only. Specify number and severity of special needs of children in the home. |
|  | 23. The youth is being transitioned to a family from a higher level of care. Limit the use of the rating to those situations where the child has recently transitioned from a higher level of care.  |
|  | <b>Total Score</b>   |

|            |             |   |
|------------|-------------|---|
| Level I:   | 20-49       | \$50 above regular F/C maintenance rate (\$1.67/day)  |
| Level II:  | 50-74       | \$100 above regular F/C maintenance rate (\$3.33/day) |
| Level III: | 75-99       | \$150 above regular F/C maintenance rate (\$5.00/day) |
| Level IV:  | 100 & Above | to be determined                                      |

|                |                                   |
|----------------|-----------------------------------|
| Youth Score    | Payment Level Indicated           |
| Effective Date | If Level IV, the amount requested |

Note: Adoption Assistance Rate Request cannot exceed the current **family foster care** rate for the specific child.

*This evaluation is being submitted in reference to a specialized family foster care rate and/or adoption assistance request and has been completed with the assistance of the child and family team.*

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|---|
| Case Manager/ Adoption Worker Signature:                    |
| Reviewed by County Supervisor/ Designee (for f/c purposes): |
| Regional Supervisor/ Designee Signature (for f/c purposes): |